Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Preventing falls and reducing injury from falls, fourth edition.

Bibliographic Source(s)

Registered Nurses Association of Ontario (RNAO). Preventing falls and reducing injury from falls, fourth edition. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2017 Sep. 128 p. [179 references]

Guideline Status

This is the current release of the guideline.

This guideline updates previous versions:

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011 May. 32 p. [95 references]

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Mar. 56 p. [77 references]

This guideline meets NGC's 2013 (revised) inclusion criteria.

NEATS Assessment

National Guideline Clearinghouse (NGC) has assessed this guideline's adherence to standards of trustworthiness, derived from the Institute of Medicine's report Clinical Practice Guidelines We Can Trust.

= Poor = Fair = Good = Very Good = Excellent

Assessment	Standard of Trustworthiness
YES	Disclosure of Guideline Funding Source

▮▮▮▮▯	Disclosure and Management of Financial Conflict of Interests
	Guideline Development Group Composition
YES	Multidisciplinary Group
UNKNOWN	Methodologist Involvement
▮▮▯▯▯	Patient and Public Perspectives
	Use of a Systematic Review of Evidence
▮▮▮▮▯	Search Strategy
▮▮▮▮▮	Study Selection
▮▮▮▮▮	Synthesis of Evidence
	Evidence Foundations for and Rating Strength of Recommendations
▮▮▮▯▯	Grading the Quality or Strength of Evidence
▮▮▮▮▯	Benefits and Harms of Recommendations
▮▮▮▮▮	Evidence Summary Supporting Recommendations
▮▯▯▯▯	Rating the Strength of Recommendations
▮▮▮▮▮	Specific and Unambiguous Articulation of Recommendations
▮▮▮▮▮	External Review
▮▮▮▮▮	Updating

Recommendations

Major Recommendations

Definitions for the levels of evidence (Ia, Ib, IIa, IIb, III, IV, V) are provided at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1.1

Screen all adults to identify those at risk for falls. Conduct screening as part of admission processes, after any significant change in health status, or at least annually. Screening should include the following approaches:

Identifying a history of previous falls
Identifying gait, balance, and/or mobility difficulties
Using clinical judgment.

(*Levels of Evidence = Ia & V*)

Recommendation 1.2a

For adults at risk for falls, conduct a comprehensive assessment to identify factors contributing to risk and determine appropriate interventions. Use an approach and/or validated tool appropriate to the person and the health-care setting.

(*Level of Evidence = III*)

Recommendation 1.2b

Refer adults with recurrent falls, multiple risk factors, or complex needs to the appropriate clinician(s) or to the interprofessional team for further assessment and to identify appropriate interventions.

(*Level of Evidence = V*)

Recommendation 2.1

Engage adults at risk for falls and fall injuries using the following actions:

- Explore their knowledge and perceptions of risk, and their level of motivation to address risk
- Communicate sensitively about risk and use positive messaging
- Discuss options for interventions and support self-management
- Develop an individualized plan of care in collaboration with the person
- Engage family (as appropriate) and promote social support for interventions
- Evaluate the plan of care together with the person (and family) and revise as needed

(*Levels of Evidence = Ia, III, & V*)

Recommendation 2.2

Provide education to the person at risk for falls and fall injuries and their family (as appropriate) in conjunction with other falls prevention interventions. This includes providing information about risk for falls, falls prevention, and interventions. Ensure that the information is provided in a variety of formats and in the appropriate language.

(*Levels of Evidence = Ia & V*)

Recommendation 2.3

Communicate the person's risk for falls and related plan of care/interventions to the next responsible health-care provider and/or the interprofessional team at all care transitions to ensure continuity of care and to prevent falls or fall injuries.

(*Level of Evidence = V*)

Recommendation 2.4

Implement a combination of interventions tailored to the person and the health-care setting to prevent falls or fall injuries.

(*Level of Evidence = Ia*)

Recommendation 2.5

Recommend exercise interventions and physical training for adults at risk for falls to improve their strength and balance. Encourage an individualized, multicomponent program/activity that corresponds to the person's current abilities and functioning.

(*Level of Evidence = Ia*)

Recommendation 2.6

Collaborate with prescribers and the person at risk for falls to reduce, gradually withdraw, or discontinue medications that are associated with falling, when the person's health condition or change in status allows. This includes the following actions:

- Identify polypharmacy and medications that increase risk for falls
- Conduct a medication review, or refer to an appropriate health-care provider and/or the prescriber
- Monitor for side effects of medications known to contribute to risk for falls

(*Levels of Evidence = Ia & V*)

Recommendation 2.7

Refer adults at risk for falls or fall injuries to the appropriate health-care provider for advice about vitamin D supplementation.

(*Level of Evidence = V*)

Recommendation 2.8

Encourage dietary interventions and other strategies to optimize bone health in adults at risk for falls or fall injuries, particularly those at risk for fracture. Refer to the appropriate health-care provider for advice and individualized interventions.

(*Level of Evidence = V*)

Recommendation 2.9

Consider hip protectors as an intervention to reduce the risk of hip fracture among adults at risk for falls and hip fracture. Review the evidence, potential benefits, harms, and barriers to use with the person to support individualized decisions.

(*Level of Evidence = Ia*)

Recommendation 3.1

After a person falls, provide the following interventions:

- Conduct a physical examination to assess for injury and to determine the severity of any fall injuries
- Provide appropriate treatment and care
- Monitor for injuries that may not be immediately apparent
- Conduct a post-fall assessment to determine factors that contributed to the fallï®
- Collaborate with the person and the interprofessional team to conduct further assessments and determine appropriate interventions
- Refer the person to the appropriate health-care provider(s) for physical rehabilitation and/or to support psychological well-being (as needed).

(*Levels of Evidence = III & V*)

Education Recommendations

Recommendation 4.1

Educational institutions incorporate content on falls prevention and injury reduction into health-care education and training programs.

(*Level of Evidence = V*)

Recommendation 4.2

Health-care organizations provide ongoing organization-wide education to all staff in conjunction with other activities to help prevent falls and reduce injuries among persons in their care.

(*Level of Evidence = Ia*)

Organization and Policy Recommendations

Recommendation 5.1

To ensure a safe environment:

> Implement universal falls precautions
> Identify and modify equipment and other factors in the physical/structural environment that contribute to risk for falls and fall injuries.

(*Level of Evidence = Ia*)

Recommendation 5.2

Organizational leaders, in collaboration with teams, apply implementation science strategies to enable successful implementation and sustainability of falls prevention/injury reduction initiatives. This includes identifying barriers and establishing formalized supports and structures within the organization.

(*Level of Evidence = Ia*)

Recommendation 5.3

Implement rounding as a strategy to proactively meet the person's needs and prevent falls.

(*Level of Evidence = Ia*)

Definitions

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials, and/or synthesis of multiple studies primarily of quantitative research.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Synthesis of multiple studies primarily of qualitative research.

IV Evidence obtained from well-designed non-experimental observational studies, such as analytical studies or descriptive studies, and/or qualitative studies.

V Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

Adapted from the Scottish Intercollegiate Guidelines Network (Scottish Intercollegiate Guidelines Network [SIGN], 2011) and Pati (2011).

Clinical Algorithm(s)

An algorithm titled "Flow Chart for Falls Prevention and Injury Reduction" is available in the original guideline document.

Scope

Disease/Condition(s)

Falls and fall injuries

Note: The following topics are not covered in this guideline: population-level falls prevention strategies, workplace/industry-related falls, intentional falls, sport-related falls, falls among children (<18 years old), and building environment or environmental design outside of settings specified for this guideline (e.g., design of curbs and sidewalks in communities).

Guideline Category

Prevention

Risk Assessment

Clinical Specialty

Family Practice

Geriatrics

Nursing

Physical Medicine and Rehabilitation

Preventive Medicine

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Patients

Guideline Objective(s)

To outline evidence-based approaches for preventing falls and reducing fall injuries for adults

Target Population

All adults (>18 years) at risk for falls and receiving care from nurses and other health-care providers across the health-care continuum, including those living in the community

Interventions and Practices Considered

1. Assessment and screening of fall risk and identification of factors contributing to risk
2. Referral to appropriate clinician(s) or interprofessional team
3. Patient engagement and education
4. Continuity of care in care transitions
5. Tailored interventions
6. Exercise interventions and physical training
7. Medication review and modification of medications that increase fall risk
8. Referral for vitamin D supplementation
9. Dietary interventions and other strategies to optimize bone health

10. Hip protectors
11. Post-fall physical examination, treatment, and monitoring
12. Falls prevention and injury reduction education and training programs
13. Environmental modifications
14. Rounding

Major Outcomes Considered

- Risk for falls and fall injuries
- Rates of falls and fall injuries
- Hospitalization rates related to falls
- Length of stay related to falls and fall injuries
- Cost per adult per day/visit
- Rate of transfer to long-term care

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Searches of Unpublished Data

Description of Methods Used to Collect/Select the Evidence

Guideline Review

The Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline Program Team's Project Coordinator searched an established list of websites for guidelines and other relevant content published between July 2010 and May 2016. The resulting list was compiled based on knowledge of evidence-based-practice Web sites and recommendations from the literature. Expert panel members were also asked to suggest additional guidelines. Detailed information about the search strategy for existing guidelines, including the list of Web sites searched and inclusion criteria, is available at http://rnao.ca/ .

Systematic Review

A comprehensive search strategy was developed by RNAO's research team and a health sciences librarian, based on inclusion and exclusion criteria created with the RNAO expert panel. A search for relevant reviews published in English only between January 2011 and May–August 2016 was applied to the following databases: Cumulative Index to Nursing and Allied Health (CINAHL), MEDLINE, MEDLINE In Process, Cochrane Library (Cochrane Database of Systematic Reviews), and EMBASE; Education Resources Information Center (ERIC) was used for question four only. Panel members were asked to review personal libraries for key reviews not found through the above search strategies.

Detailed information on the search strategy for the systematic review, including the inclusion and exclusion criteria and search terms, is available in the search strategy document (see the "Availability of Companion Documents" field).

Reviews were independently assessed for relevance and eligibility based on the inclusion/exclusion

criteria by two RNAO nursing research associates. Any disagreements were resolved through tie-breaking by the guideline development lead.

Hand Search

Panel members were asked to review personal libraries to identify key articles not found through the above search strategies. Articles identified by panel members were included in the search results if two nursing research associates independently determined the articles had not been identified by the literature search and met the inclusion criteria. Two (n = 2) articles were submitted, however, no hand search articles for any of the five research questions were included in the final results.

Number of Source Documents

Five guidelines and 125 studies were included. See the flow diagrams in Appendix D in the original guideline document for more information on the review process.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials, and/or synthesis of multiple studies primarily of quantitative research.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Synthesis of multiple studies primarily of qualitative research.

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V Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

Adapted from the Scottish Intercollegiate Guidelines Network (Scottish Intercollegiate Guidelines Network [SIGN], 2011) and Pati (2011).

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

Guideline Review

The guideline development lead and nursing research associates appraised 12 international guidelines using the Appraisal of Guidelines for Research and Evaluation Instrument (AGREE) II (Brouwers et al.,

2010). Guidelines with an overall score of four or below were considered weak and were excluded. Guidelines with a score of five were considered moderate, and guidelines with a score of six or seven were considered strong.

Refer to the original guideline document for a list of the selected guidelines.

Systematic Review

Quality appraisal scores for 40 reviews (a random sample of 20 percent of the total reviews eligible for data extraction and quality appraisal) were independently assessed by the Registered Nurses' Association of Ontario (RNAO) nursing research associates. Quality appraisal was assessed using AMSTAR (A Measurement Tool to Assess Systematic Reviews; see http://amstar.ca/index.php) and RNAO's scoring system that rates reviews as low, moderate, or strong (see Table 2 in the original guideline document). The research associates reached acceptable inter-rater agreement (kappa statistic, K=0.73), which justified proceeding with quality appraisal and data extraction for the remaining reviews. The remaining reviews were divided equally between the two research associates for quality appraisal and data extraction. Research summaries of literature findings were completed and used to narratively describe the results. The comprehensive data tables and research summaries were provided to all expert panel members for review and discussion.

A complete bibliography of all full text articles screened for inclusion is available (see the "Availability of Companion Documents" field).

Methods Used to Formulate the Recommendations

Expert Consensus (Delphi)

Description of Methods Used to Formulate the Recommendations

Guideline Development Process

For this revised guideline, the Registered Nurses' Association of Ontario (RNAO) assembled a panel of experts who represent a range of sectors and practice areas. A systematic review of the evidence was based on the purpose and scope, and was supported by the five research questions listed below. The systematic review was conducted to capture relevant peer-reviewed literature published between January 2011 and May–August 2016. The following research questions were established to guide the systematic review:

> What are the most effective ways to identify adults at risk for falls or at risk for injury due to falls?
> What interventions are effective in preventing falls and reducing the risk for falls or falls-related injury (among people at risk for falls)?
> What interventions or processes should occur immediately following a fall?
> What education should be included in training and ongoing educational programs for nurses and other healthcare providers to effectively prevent falls and injury from falls?
> What organizational policies and system-level supports are required to effectively prevent falls and injury from falls (among those at risk for falls/injury from falls)?

The RNAO Best Practice Guideline Program Team and expert panel's work to integrate the most current and best evidence, and ensure the validity, appropriateness, and safety of the guideline recommendations with supporting evidence and/or expert panel consensus.

A modified Delphi technique was employed to obtain panel consensus on the recommendations.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

Stakeholder reviewers for the Registered Nurses' Association of Ontario (RNAO) best practice guidelines (BPGs) are identified in two ways. First, stakeholders are recruited through a public call issued on the RNAO Web site (http://rnao.ca/bpg/get-involved/stakeholder). Second, individuals and organizations with expertise in the guideline topic area are identified by the Best Practice Guideline Program Team and expert panel and are directly invited to participate in the review.

Stakeholder reviewers are individuals with subject matter expertise in the guideline topic or who may be affected by the implementation of the guideline. Reviewers may be nurses and other point-of-care health-care providers, nurse executives, administrators, researchers, members of the interprofessional team, educators, nursing students, or persons and family. RNAO aims to solicit stakeholder expertise and perspectives representing diverse healthcare sectors, roles within nursing and other professions (e.g., clinical practice, research, education, and policy), and geographic locations.

Reviewers are asked to read a full draft of the guideline and participate in the review prior to its publication. Stakeholder feedback is submitted online by completing a survey questionnaire. The stakeholders are asked the following questions about each recommendation:

- Is this recommendation clear?
- Do you agree with this recommendation?
- Is the discussion of evidence thorough and does the evidence support the recommendation?

The survey also provides an opportunity to include comments and feedback for each section of the guideline. Survey submissions are compiled and feedback is summarized by the RNAO Best Practice Guideline Program Team.

Together with the expert panel, RNAO reviews and considers all feedback and, if necessary, modifies the guideline content and recommendations prior to publication to address the feedback received.

Stakeholder reviewers have given consent to the publication of their names and relevant information in the original guideline document.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- Collecting details of falls history can provide insight into risk factors or conditions (e.g., gait problems, low blood pressure) that require intervention.
- Health histories may detect biological, behavioural, psychological, and/or socio-economic risk factors and health conditions associated with an increased risk for falls.
- Engaging the person's family and social networks may support falls prevention efforts. Social support, such as advice and encouragement from health-care providers and family members, also helps promote adherence to interventions.
- Education together with other falls prevention measures appears to contribute to falls reduction in hospitals and community settings.
- In long-term-care settings, a combination of interventions individualized to the person and delivered by an interprofessional team was found to be effective at reducing the number of falls and recurrent falls. Individualized interventions appear to have even greater benefits for people living in long-term care who have dementia, compared to those who do not.
- Exercise interventions and physical training improve strength and balance, and reduce falls and fall injuries, particularly fractures. Exercise has numerous other benefits, such as reducing functional decline and fear of falling, and improving socialization, self-esteem, quality of life, and general physical and mental health. Refer to Table 18 in the original guideline document for additional information.
- Hip protectors likely reduce the risk of hip fracture among older adults in long-term-care settings, without increasing the risk for falls. Potential benefits of hip protectors include reduction of sustaining a hip fracture if worn appropriately and worn at the time of a fall, avoidance of serious consequences of hip fractures, including pain, loss of mobility, and death, and reduction in fear related to fracture. Refer to Table 4 in the original guideline document for additional information.
- Post-fall processes can reduce the negative consequences of falls, inform interventions to prevent or reduce future falls, and lead to quality improvement for health-care organizations.
- Rounding, the act of checking in on patients in person on a regular basis (e.g., hourly) to proactively meet their needs, was found to contribute to reducing the number of falls in hospital settings. Regular rounding can be considered an approach for comprehensive care and has other potential benefits, such as reduced pressure injuries, reduced call-light use, improved patient satisfaction, and improved patient perception of staff responsiveness to needs.

Potential Harms

- Preventing or reducing falls and injury from falls requires a balance between reducing the risks and maintaining a person's freedom, dignity, and quality of life. When trying to prevent a person from falling, family members, caregivers, and health-care providers may focus on preventative measures that inadvertently constrain the person's independence. Health-care organizations are cautioned to avoid "an excessively custodial and risk averse approach". Organizational vigilance is required to avoid harmful or adverse approaches aimed at preventing falls, such as physical restraints, sedating medications, or restricting mobility
- Caution should be taken when recommending exercise to those at high risk of fracture.
- Potential harms of hip protectors include a slight increase in the risk of pelvic fractures and skin irritation. Refer to Table 4 in the original guideline document for additional information.
- As rounding can potentially disrupt sleep or meals, efforts should be made to address possible unintended negative effects.

Qualifying Statements

Qualifying Statements

- These guidelines are not binding on nurses, other health-care providers, or the organizations that employ them. The use of these guidelines should be flexible, and based on individual needs and local circumstances. They constitute neither a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario (RNAO) gives any guarantee as to the accuracy of the information contained in them or accepts any liability with respect to loss, damage, injury, or expense arising from any such errors or omission in the contents of this work.
- This nursing best practice guideline (BPG) is a comprehensive document that provides resources for evidence-based nursing practice. It is not intended to be a manual or "how to" guide, but rather a tool to guide best practices and enhance decision-making for nurses and other health-care providers working with adults (18 years and older) who are at risk for falls and fall injuries. The Guideline should be reviewed and applied in accordance with both the needs of individual organizations or practice settings, and the needs and preferences of persons and their families accessing the health system for care and services. In addition, the Guideline offers an overview of appropriate structures and supports for providing the best possible evidence-based care.

Implementation of the Guideline

Description of Implementation Strategy

Implementing guidelines at the point of care is multi-faceted and challenging; it takes more than awareness and distribution of guidelines for practice to change. Guidelines must be adapted for each practice setting in a systematic and participatory way, to ensure recommendations fit the local context. The Registered Nurses' Association of Ontario (RNAO) *Toolkit: Implementation of Best Practice Guidelines* (2nd ed.; 2012) provides an evidence-informed process for doing this (see the "Availability of Companion Documents" field).

The *Toolkit* is based on emerging evidence that successful uptake of best practice in health care is more likely when:

Leaders at all levels are committed to supporting guideline implementation
Guidelines are selected for implementation through a systematic, participatory process
Stakeholders for whom the guidelines are relevant are identified and engaged in the implementation
Environmental readiness for implementing guidelines is assessed
The guideline is tailored to the local context
Barriers and facilitators to using the guideline are assessed and addressed
Interventions to promote use of the guideline are selected
Use of the guideline is systematically monitored and sustained
Evaluation of the guideline's impact is embedded in the process
There are adequate resources to complete all aspects of the implementation

The *Toolkit* uses the "Knowledge-to-Action" framework to demonstrate the process steps required for knowledge inquiry and synthesis. It also guides the adaptation of the new knowledge to the local context and implementation. This framework suggests identifying and using knowledge tools, such as guidelines, to identify gaps and to begin the process of tailoring the new knowledge to local settings.

RNAO is committed to widespread deployment and implementation of the Best Practice Guidelines (BPGs). The RNAO uses a coordinated approach to dissemination, incorporating a variety of strategies, including:

The Nursing Best Practice Champion Network®, which develops the capacity of individual nurses to foster awareness, engagement, and adoption of BPGs
Nursing order sets, which provide clear, concise, actionable intervention statements derived from the BPGs' practice recommendations that can be readily embedded within electronic medical records, but may also be used in paper-based or hybrid environments
The Best Practice Spotlight Organization® (BPSO®) designation, which supports implementation at the organization and system levels. BPSOs® focus on developing evidence-based cultures with the specific mandate to implement, evaluate, and sustain multiple RNAO BPGs

In addition, the RNAO offers capacity-building learning institutes on specific BPGs and their implementation.

Information about RNAO implementation strategies can be found at:

RNAO Best Practice Champions Network®: http://rnao.ca/bpg/get-involved/champions
RNAO Nursing Order Sets: http://rnao.ca/ehealth/nursingordersets
RNAO Best Practice Spotlight Organizations®: http://rnao.ca/bpg/bpso
RNAO capacity-building learning institutes and other professional development opportunities: http://rnao.ca/events.

Refer to the implementation document (see the "Availability of Companion Documents" field) for additional information.

Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Clinical Algorithm

Foreign Language Translations

Patient Resources

Resources

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses Association of Ontario (RNAO). Preventing falls and reducing injury from falls, fourth edition. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2017 Sep. 128 p. [179 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2017 Sep

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the Registered Nurses' Association of Ontario (RNAO) is editorially independent from its funding source.

Guideline Committee

Registered Nurses' Association of Ontario (RNAO) Expert Panel

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Financial Disclosures/Conflicts of Interest

Declarations of competing interests that might be construed as constituting an actual, potential, or apparent conflict were made by all members of the expert panel, and members were asked to update their disclosures throughout the guideline development process. Information was requested about financial, intellectual, personal, and other interests, and documented for future reference. No limiting conflicts were identified. Details regarding disclosures are available (see the "Availability of Companions Documents" field).

Guideline Endorser(s)

Accreditation Canada - Nonprofit Organization

Canadian Geriatrics Society - Medical Specialty Society

Canadian Gerontological Nursing Association - Professional Association

Canadian Patient Safety Institute - Nonprofit Organization

International Council of Nurses - Professional Association

Osteoporosis Canada - Disease Specific Society

Sigma Theta Tau International Honor Society of Nursing - Nonprofit Research Organization

Guideline Status

This is the current release of the guideline.

This guideline updates previous versions:

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011 May. 32 p. [95 references]

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Mar. 56 p. [77 references]

This guideline meets NGC's 2013 (revised) inclusion criteria.

Guideline Availability

Available from the Registered Nurses' Association of Ontario (RNAO) Web site .
Also available in French from the RNAO Web site .

Availability of Companion Documents

The following are available:

Registered Nurses' Association of Ontario: Nursing Best Practice Guidelines Program: preventing falls and reducing harm from falls. Systematic review search strategy. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2017 Sep. 5 p. Available from the Registered Nurses' Association of Ontario (RNAO) Web site .

Registered Nurses' Association of Ontario: Nursing Best Practice Guidelines Program: preventing falls and reducing harm from falls. Bibliography and quality appraisal scores. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2017. 11 p. Available from the RNAO Web site .

RNAO best practices: Evidence booster: best practice guideline implementation to reduce falls in older adults. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2017. 2 p. Available from the RNAO Web site .

Declarations of competing interests. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2017. 3 p. Available from the RNAO Web site .

Toolkit: implementation of best practice guidelines. Second edition. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 154 p. Available from the RNAO Web site .

Various tools, including falls risk factors; health conditions associated with increased risk for falls; factors associated with an increased risk for fall injuries; approaches and tools for assessing falls risk; components and example of universal falls precautions; and resources on the topics of falls prevention and/or injury reduction, are available in the appendices of the original guideline document. Structure, process and outcome indicators for monitoring and evaluating the guideline are available in Tables 7 and 8 in the original guideline document.

Patient Resources

The following is available:

Health education fact sheet. Stay active, stay independent. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2017 Aug. 2 p. Available from the Registered Nurses' Association of Ontario (RNAO) Web site .

NGC Status

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